

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

| Title of Invention | BISTABLE ELECTRO-OPTIC DISPLAY, AND METHOD FOR ADDRESSING SAME | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-----------|--|-----------------|-------------|-----------|-------------|--------------------|-------------------|-----|------|---|----|------------------------|--|------|----|---|--|--|--|---------------------------------------|--|
| Application Number : | | | | | | | | | | | | | | | | | | | | | | | |
| Date : | | | | | | | | | | | | | | | | | | | | | | | |
| First Named Applicant: | Mr. Jonathan D. Albert | | | | | | | | | | | | | | | | | | | | | | |
| Attorney Docket Number: | H-310DIV | | | | | | | | | | | | | | | | | | | | | | |
| Art Unit: | 2675 | | | | | | | | | | | | | | | | | | | | | | |
| Examiner : | Mr. Chanh Duy Nguyen | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL FEE AUTHORIZED \$ 412 | | | | | | | | | | | | | | | | | | | | | | | |
| Patent fees are subject to annual revisions on or about October 1st of each year. | | | | | | | | | | | | | | | | | | | | | | | |
| Filing as small entity | | | | | | | | | | | | | | | | | | | | | | | |
| BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table> | | | | Fee Description | Fee Code | Amount \$ | Fee Paid \$ | Utility Filing Fee | 2001 | 385 | 385 | | | | Subtotal For Basic Filing Fees: \$ 385 | | | | | | | | |
| Fee Description | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | | | | |
| Utility Filing Fee | 2001 | 385 | 385 | | | | | | | | | | | | | | | | | | | | |
| | | | Subtotal For Basic Filing Fees: \$ 385 | | | | | | | | | | | | | | | | | | | | |
| EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 23</td><td>3</td><td>2202</td><td>9</td><td>27</td></tr><tr><td>Independent Claims : 2</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 27</td></tr></tbody></table> | | | | Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | Total Claims : 23 | 3 | 2202 | 9 | 27 | Independent Claims : 2 | 0 | 2201 | 43 | 0 | | | | Subtotal For Extra Claims Fees: \$ 27 | |
| Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | | | |
| Total Claims : 23 | 3 | 2202 | 9 | 27 | | | | | | | | | | | | | | | | | | | |
| Independent Claims : 2 | 0 | 2201 | 43 | 0 | | | | | | | | | | | | | | | | | | | |
| | | | Subtotal For Extra Claims Fees: \$ 27 | | | | | | | | | | | | | | | | | | | | |
| AUTHORIZED BILLING INFORMATION | | | | | | | | | | | | | | | | | | | | | | | |
| The commissioner is hereby authorized to charge indicated fees and credit any overpayments to: | | | | | | | | | | | | | | | | | | | | | | | |
| Deposit account number: | 501162 | | | | | | | | | | | | | | | | | | | | | | |
| Access Code | **** | | | | | | | | | | | | | | | | | | | | | | |
| Deposit name: | E Ink Corporation | | | | | | | | | | | | | | | | | | | | | | |
| Deposit authorized name: | Mr. David J. Cole | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | /Shipley/ | | | | | | | | | | | | | | | | | | | | | | |
| Date (YYYYMMDD): | 2004-09-07 | | | | | | | | | | | | | | | | | | | | | | |
| Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17. | | | | | | | | | | | | | | | | | | | | | | | |